



## Tyngsborough Board of Health

25 Bryants Lane  
Tyngsborough, MA 01879  
978-649-2300 x 118  
FAX: 978-649-2301

### POOL PERMIT APPLICATION

Name of Pool: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**OWNER'S INFORMATION:**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

24HR Emer. #: \_\_\_\_\_

Email: \_\_\_\_\_

**POOL INFORMATION:**

Hours of Operation: \_\_\_\_\_ If seasonal, date open: \_\_\_\_\_ date close: \_\_\_\_\_

Person Responsible for Daily Operations: \_\_\_\_\_ Title: \_\_\_\_\_

Certified Pool Operator(CPO): \_\_\_\_\_

**Volume:** \_\_\_\_\_ **Bather Load:** \_\_\_\_\_ **Method of Treatment:** \_\_\_\_\_ **# of Lifeguards (if appl):** \_\_\_\_\_

If Corporation or Partnership, please list Name, Title, & Home Address of Officers/ Partners: Attach if necessary.

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF PERMIT: (Check all that applies)

☐ Pool \$50.00

☐ Wading Pool \$50.00

☐ Special Purpose Pool (SPA) \$50.00

Total: \_\_\_\_\_ (make check payable to Town of Tyngsborough)

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the swimming pool operation will comply with 105 CMR 435.000 and all other applicable laws. I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law pursuant to MGL Ch. 62C, sec. 49A.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security or FID#: \_\_\_\_\_

**PLEASE REMEMBER TO INCLUDE PROOF OF WORKER'S COMPENSATION INSURANCE.**